

03/21/2016 15:07 FAX

LEOPOLD KORN LEOPOLD NY

001/005

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : 120010000025
Phone : (786) 899-2235
Fax Number : (305) 935-9042

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please:

Email Address: mscsa@leopoldkorn.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOLPH17, LLC

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03/21/2016 15:07 FAX

LEOPOLD KORN LEOPOLD SNY

002/005

H16 0000707093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLPHI7, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Sosa, RE Paralegal

Name of Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

msosa@leopoldkorn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Sosa

at (786) 899-2232

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H16 0000 707 013

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOLPHI7, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/03/2016 and assigned
Florida document number L16000044448

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dolphin Commons, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4651 Sheridan Street

Suite 335

Hollywood, FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4651 Sheridan Street

Suite 335

Hollywood, FL 33021

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Lechter

New Registered Office Address:

4651 Sheridan Street, Suite 335

Enter Florida street address

Hollywood

Florida 33021

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

+116 0000704043

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRENER, JONATHAN	3912 PEMBROKE ROAD	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lechter, Robert	4651 Sheridan Street	<input checked="" type="checkbox"/> Add
		Suite 335	<input type="checkbox"/> Remove
		Hollywood, FL 33021	<input type="checkbox"/> Change
MGR	Houston, James Brett	4651 Sheridan Street	<input checked="" type="checkbox"/> Add
		Suite 335	<input type="checkbox"/> Remove
		Hollywood, FL 33021	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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005/005

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 MAR 21 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b). The 90th day after the record is filed.

Dated March 18, 2016

Phil Solomon
Signature of a member or authorized representative of a member

Phil Solomon
Typed or printed name of signer